PTO/SB/80 (01-05)

Approved for use through 12/31/2008. OMS 0651-0035

U.S. Petent and Trademerk Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO						
I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).						
I hereby appol	4					
X Practition		23416				
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):						
	Name			Name		Registration Number
:						
	and the source of the sundami	nned before the line	ted States Pale	nt and Tradema	rk Office (USPTO) k	n connection with
as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned gnity to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 8.73(b).						
Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:						
X The address associated with Customer Number:			2341	1		
OR						
Firm or Individual Name						
Address						
City		State		Zip		
Country		Telephone		Em	all	
	e and Address:					
H.C. Starck Inc.						
46 Industrial Place Newton, Massachusetts 02461-1951						
LIGHTON INDUCTION AND LAST						
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be						
A copy of this form, together with a statement threat 37 of the statement under 37 CFR 3.73(b) may be completed by one of filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.						
SIGNATURE of Assignee of Record						
The individual whose signature and title is supplied below is authorized to act on behalf of the assignee						
Signature	Tolask lan	afre-		Date 9	1/14/07	
Name	Robert K. Sarafian	<i>V</i>		Telephone		
Title	General Counsel	Secretary	<u> </u>			(1)